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|                                   |                              |    |            | Application Number     | 10/620,731-Conf. #9032 |  |
| INFORMATION DISCLOSURE            |                              |    |            | Filing Date            | July 16, 2003          |  |
| 5                                 | TATEMENT                     | BY | APPLICANT  | First Named Inventor   | Wesley M. Mays         |  |
|                                   |                              |    |            | Art Unit               | 3634                   |  |
| (Use as many sheets as necessary) |                              |    | necessary) | Examiner Name          | B. M. Johnson          |  |
| Sheet                             | 1                            | of | 1          | Attorney Docket Number | 125426-1079            |  |

|          | U.S. PATENT DOCUMENTS |   |                  |                             |   |  |
|----------|-----------------------|---|------------------|-----------------------------|---|--|
| Examiner | Cite                  | Document Number                           | Publication Date | Name of Patentee or         | Pages, Columns, Lines, Where                    |  |
| intials* | No.                   | Number-Kind Code <sup>2</sup> ( If known) | MM-DD-YYYY       | Applicant of Cited Document | Relevant Passages or Relevant<br>Figures Appear |  |
|          | A1*                   | US-20040239482                            | 12-02-2004       | Fitzgibbon                  |   |  |
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| FOREIGN PATENT DOCUMENTS |              |   |                                   |  |   |    |
|--------------------------|--------------|---|-----------------------------------|--|---|----|
| Examiner<br>initials*    | Cite<br>No.1 | Foreign Patient Document  Country Code <sup>3</sup> -Number <sup>4</sup> -Kind Code <sup>5</sup> (if known) | Publication<br>Date<br>MM-DD-YYYY | Name of Patentee or<br>Applicant of Cited Document | Pages, Columns, Lines,<br>Where Relevant Passages<br>Or Relevant Figures Appear |    |
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